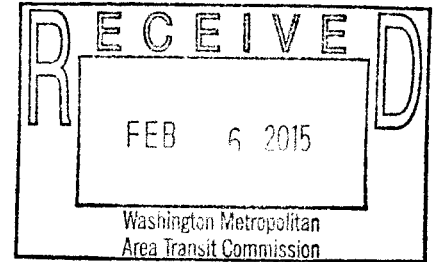


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2196 Shawns Limousine Service LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

6445 Katherine Ann Lane Apt./Suite Springfield VA 22150-7829

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(703) 298-5742

wahibm@gmail.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

N/A

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Wahib N. Mohammed

President

*Name

*Title

(703) 298-5742

wahibm@gmail.com

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2013	CHEVROLET SUBURBAN	1GNSKKE7XDR262024 ✓	702-HAD	VA	7	NO
2	2014	CHEVROLET SUBURBAN	1GNSKJE7IER177195 ✓	496-HAD	VA	8	NO
3	2014	CHEVROLET SUBURBAN	1GNSKJE73ER165839 ✓	494-HAD	VA	7	NO
4	2014	CHEVROLET SUBURBAN	1GNSKJE7XER140050 ✓	489-HAD	VA	8	NO
5	2015	CHEVROLET SUBURBAN	1GNSKJKCOFR306448 ✓	SWN92	VA	7	NO
6	2015	GMC DYL	1GKS2JKJG6FR546003 ✓	901-HAD	VA	7	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

WAHIB N. MOHAMMED

SHAWNS LIMOUSINE SERVICE LLC.

*Name (type or print)

Wahib N. Mohammed

*Signature

PRESIDENT.

*Title (not required for sole proprietors)

Feb 6/2015

*Date